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ABSTRACT

The development of community mental health center (CMHC) school consultation programs is analyzed within an interorganizational framework. From the perspective of the CMHC, the school system can provide access to a large target population and bestow legitimacy to the CMHC's overall consultation program. From the school system's point of view, the CMHC can provide clinical resources and expertise. While CMHC consultants often wish to involve themselves in the analysis and modification of basic school system policies and practices, school personnel are likely to resist such non-clinical interventions. Strategies of consultation are suggested which maximize the opportunities of both parties to achieve their organizational goals and which improve the consultant's ability to become involved in policy areas where he or she has expertise. The analysis illustrates basic problems in the nature of the relationship between human service and educational organizations, problems which in part derive from the differing, but overlapping mandate each organization receives from society. (Author)

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Interorganizational Dynamics in the Development of a School Consultation Program

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Only recently in the consultation literature has attention been paid to the interorganizational context of consultation and education (C&E) programs (e.g., Baizerman and Hall, 1977). We shall describe this context more fully, and in particular, explore its implications for the development of a community mental health center (CMHC) school consultation program. Such a focus is of special interest for three reasons: because school systems appear to be the most frequent target of CMHC consultation efforts (Vayda and Perlmutter, 1977), because the school system's centrality in the community makes the relationship between it and the CMHC an especially important and sensitive one, and because the extent of the CMHC's responsibility in relation to the schools is unclear. We will first discuss the two organizations as each is viewed by the other. Then, we will draw on this analysis of interorganizational factors to consider initial strategies of intervention.

The school system as viewed by the CMHC C&E Program.

Consultation and education services are one of the federally mandated essential services to be provided by community mental health centers. When C&E staff begin to ponder how this mandate might best be implemented, one of their first considerations will be the relationship to be developed with local schools. The school system usually has both needed resources and powers of program legitimation unparalleled by other community institutions. These resources consist of students, the students' parents and administrative

and teaching staff. The student population will include nearly all community members between the ages of 5 and 18 years. Thus, from the point of view of an "indirect service" program which intends to influence the mental health of the community through interventions with community providers, access to school personnel is essential. This is so regardless of whether the plan emphasizes primary or tertiary prevention, program or case consultation.

Just as important as the school system's resources is its power to lend legitimacy to the C&E program. It seems clear that the process of establishing the legitimacy of C&E programs within community mental health centers is always problematic (Cherniss, 1977, Ketterer & Perkins, 1977; Snow & Newton, 1976). C&E services occupy a very secondary and delimited role within CMHC programs, and for numerous historical, political and organizational reasons have been vastly subordinated to traditional direct service programming. As a result, those initiating consultation programs must attend carefully to the impact of their choice of consultee and method of intervention on their own organization if the program is to survive. Clearly, if CMHC administrators believe the C&E program to be incompatible with the objectives of the dominant clinical program, it is likely that the legitimacy of the C&E effort will be questioned and its methods impugned. In particular, if there is increasing demand for clinical services, as is usually the case, there will be a constant pressure on CMHC administrators to utilize consultation staff as clinicians. Thus, a consultation effort may be subjected to unusual scrutiny regarding its effectiveness and ongoing usefulness.

In this context, the relationship with the local school system becomes especially important. If the CMHC's clinical program includes services for children and adolescents, school personnel will probably be the primary

source of referrals. For this reason, CMHC administrators are often intensely interested in maintaining a positive relationship with their school system counterparts, and may even wish to use the C&E program to influence the level of clinical demand. If clinical demand is low, C&E staff can be used to increase case-finding activity by school staff. This goal can be accomplished through case consultation to potential referring persons and through educational programs which help school staff identify those students who would benefit from clinical intervention. In the unlikely event that there is a wish to reduce clinical demand, CMHC administrators might value programs which increase the school staff's ability to intervene with special children without using ancillary mental health resources. Thus, guidance counselors could be trained to run adolescent groups or consultation could be provided to school administrators interested in developing special programs for truants, the retarded or the learning disabled. However, evidence of increasing demand on the CMHC for direct services is usually essential to maintaining or increasing its clinical resources. Therefore, consultations which have the potential to reduce clinical demand may not be supported.

Even if CMHC administrators are indifferent to the impact of the C&E program on clinical services, they still are likely to value some consultation to the school system. As Meyer and Rowan (1977) have pointed out, certain programs are maintained primarily because they establish the legitimacy of the organization which houses them, whether or not the services they provide are believed to be effective. A C&E program is <u>expected</u> to have a school consultation program, and we suspect staff would have to do considerable explaining if one were not implemented. Outside funding sources, community boards, and other agencies, as well as the CMHC administration, all are likely to question the legitimacy of a C&E program which does not pro-

vide school consultation, thus reflecting the assumption that the CMHC has some responsibility for the mental health of school children.

For these reasons, the fact that there may be only one or two school systems in a CMHC catchment area is especially significant. If C&E staff prove unable to develop a viable relationship with the school system(s) in their area of geographic responsibility, there will be no school consultation program. As a result, there are very real organizational pressures toward selecting strategies of intervention which are essentially conservative in nature. In most instances, case consultation is the strategy of choice, for it both directly complements the CMHC clinical program and, in most school systems, meets a felt need for assistance with those children already defined as deviant.

In contrast, strategies of intervention which question basic school system practices and policies and which may have a primary prevention emphasis are more likely to lead to interorganizational conflict, possibly to an irreparable rift with the school system, and to the loss of support from the CMHC. Thus, consultants who have fantasies of working closely with upper administrators to create major changes in the operation of the school system are likely to feel especially frustrated by the constraints on their role. While the fact may not readily be acknowledged, such consultants wish to be in a relationship with the school system where the balance of power is in the consultants' favor. In reality, the situation is the opposite of what is desired. The establishment of a consultative relationship with the school system is usually much more important to C&E staff than it is to school personnel. It is the representatives of the school system who have the greater power to define the terms of the relationship, and their terms will depend largely on their view of what the consultants have to offer.

The school consultation program from the point of view of the school system.

Without doubt, whether a consultation program is initiated by representatives of the school system or by the consultants, the fact that the consultants are based at a CMHC will have a decisive effect on the view of their abilities and resources. It is the consultants' presumed mental health skills and access to clinical resources which will be valued; any early attempt to deemphasize that aspect of the consultants' identity will meet with great resistance if not jeopardize the entire consultation. While school personnel may perceive themselves to be in need of the kinds of programs and policy changes which the consultants might advocate, they will generally not recognize any expertise in the consultants other than those related to the clinical enterprise. Therefore, while clinical expertise facilitates entry to the school system, it also reinforces a particular view of the consultants that their expertise lies with individual deviant children and not with programs or issues of a more systemic nature. The consultants can misinterpret this response as a reflection of a conservative, victim blaming stance on the part of school personnel toward special children, and as an inability or unwillingness to examine ways in which the school environment may contribute to deviance (Ryan, 1971). While such victim blaming does occur, especially in school systems which are under a great deal of social and political stress, it is usually not a key factor in the initial view of the consultants.

What is central to the reaction of school staff is their assessment of the consultants' "hidden agendas." School personnel are more likely to question not only the expertise, but also the motivation of consultants who offer services which do not appear to be consistent with the mission of a mental health center or with the typical role of a mental health professional.

Sensitivity to the consultants' agenda is heightened further by the fact that consultation programs can have political implications within the school organization (Baizerman and Hall, 1977). For example, the consultants' definition of a particular situation as problematic may have a dramatic impact on the reputation of specific individuals or programs. The fact that consultation involves a certain degree of observation by an unknown party will inevitably inspire concern in some staff members. Furthermore, school staff will not initially view consultation as a vehicle to legitimate specific school activities or the operation of the system as a whole. In this respect, the school consultation program is much more important to the C&E program than to the school system, though on occasion the use of consultants may suggest both to school staff and the public that there is a serious commitment to the needs of "special" children.

Initial strategies of intervention.

It seems clear that the traditional view of consultants as individuals who do not impose their own agendas on their consultees (Caplan, 1970; Altrocchi, 1972) is, at least in part, not applicable to the situation described here. In the early stages of their relationship, both the CMHC consultants and the school system consultees have multiple agendas, some obvious and some hidden. The first agenda of the consultants is likely to be their own organizational survival; the primary agenda of the school system is likely to be a shifting of the burden of socializing deviant and special children to the CMHC. This agenda of the school system will conflict with what is likely to be the consultants' main agenda, to improve the school system's ability to meet the needs of these same children. The dilemma for the consultants is that school personnel may not look kindly on any unsolicited attempt to improve the schools. On the one hand, the consultants

believe it is their mission to influence the school system's management of various mental health matters; on the other hand, they are the party who is most vulnerable should the relationship fail. In this context, the selection of an appropriate initial strategy of intervention is critically important. Such a strategy must, at minimum, demonstrate the usefulness of the consultation program, carry a negligible risk of failure or complication that would lead to a termination of the consultation program, and not alienate any groups or individuals who might be important to the consultation program in the future. Since consultants who are beginning a relationship with school staff will not know, at least not sufficiently, who is important to their program's future, the obvious implication is that the initial intervention strategy ideally should not alienate anyone. If, in addition, the consultants hope to influence school policy or become involved in promoting structural or programmatic change, then they must also plan the initial intervention so that it provides easy access to school decision-makers, especially upper administrators.

The most straightforward way to obtain regular access to higher administrators is to outline, in the formal contract with the school system, a process of regular upper administrative review of consultation activities. Access to administrators can be enormously useful, even when the work with the schools is limited to case consultation. Every "clinical" issue also involves important program and policy considerations, including how the problem being treated might have been prevented. Most administrators will be more than willing to listen to the consultants' thoughts on such matters, as long as they perceive them as remaining faithful to their clinical identity. Moreover, by carefully delineating system level factors and promoting an alternative way of conceptualizing problems, the consultant will begin to

establish a base of expertise that is not only relevant to the individual child but to the organization as a whole.

Upper administrative involvement and approval, is, of course, essential to implementation of any primary prevention program. Because most primary prevention programs are organizationally complex, the process of implementation becomes more difficult, and often requires the support and approval of many parties. In addition, as we have already noted, an intervention program which alters basic school policies and practices will encounter considerable resistance. Without access to those administrators who have the ability to facilitate implementation, the prospects for failure dramatically increase (Pressman and Wildavsky, 1973).

Once satisfactory access to administrators has been established the consultant may wish to negotiate additional consultative involvements. If the consultants are skilled in organizational and policy analysis and have some research background, they often will be able to make a substantial contribution to the clarification and resolution of various identified problems through the conduct of needs assessments and program evaluations.

Two characteristics of most school systems make such research oriented interventions especially effective. First, school administrators do not usually have staff who are able to conduct reasonably sophisticated internal studies. Second, school systems are organized in such a way that extensive sharing of information and joint problem-solving among school staff is quite limited (Sarason, 1971). This "loosely coupled" system, as Weick (1926) has called it, is characterized by a minimum amount of significant interaction between teachers and principals, or principals and upper administrators; principals and teachers both have a great deal of autonomy and function within relatively isolated environments. As a result, a well-

planned, competently executed study may provide information which was not previously available and may foster atypical interaction among levels of the school heirarchy. In this sense, the consultant may have a profound effect on the determination of the policy agenda of the school system (Arrow, 1974). While consultants are not and should not be in the position of making policy decisions, they can influence the identification of issues about which decisions are made.

In addition to having access to multiple heirarchial levels within the school system, the consultants will also benefit from providing consultation to more than one school program. One advantage to such multiple consultations is the view they offer of the system as a whole. As we have suggested, consultants will be more likely to make serious errors when they do not understand the alliances, antagonisms and central concerns of the system to which they are counsulting. If consultations are sought in both the elementary and secondary schools, with administrators and students as well as teachers and special services personnel, the tendency to err will be attenuated. Another advantage is the protection offered in the event that one of the consultations should fail. With just one consultation, the consultants and even the consultees are under considerable pressure to succeed, for the future of the overall program will depend on the outcome of only one effort. Moreover, if there are school personnel who, for whatever reason, oppose the consultants' presence, it will be much easier for them to undermine work in a single, as opposed to multiple locations.

A final consideration when beginning to work in the schools is the reputation of the individuals or groups to be offered consultation. It can be problematic to consult either to a program which is already presumed to be a success or one which has become a system scapegoat. In the first

instance, various school personnel will already be closely identified with the program and may resent the consultants' presence. Needless to say, for the consultants to be involved in a program where they will only get credit if things go wrong is unwise, In the second instance, the consultants will probably be ineffective simply because they will not have sufficient knowledge of the school system to identify all the forces supporting scapegoat status or sufficient influence to alter the situation.

Conclusion

Some may object that these initial strategies of intervention are too calculated and that the political aspects of the interorganizational relationship should not be so central. It should be remembered, however, that it is the C&E program that is charged with the mission of consulting to the school system, whether or not the school system requests such consultation. This charge proposes an essentially unequal relationship. School personnel do not, in turn, consult to the CMHC. This inequality has many sources, one of which is the unique status of the medical profession, from which all mental health workers benefit. Another is the scope of the school's mission. Quite simply, the schools have become responsible for their students' mental health, an area where, correctly or not, mental health professionals claim the greater expertise. Difficulties in the negotiation of a consulting relationship reflect a much broader ambiguity regarding the definition of each institution's responsibility in relation to the community's children and youth. In this sense, the negotiation of the consulting relationship is very definitely a political process. Both organizations have vested interests in the outcome of the negotiations. Under these circumstances, interorganizational negotiations involving both explicit and covert agendas, where each

organization seeks to promote and protect its self-interest, are essential to the development of the working relationship. It is through this carefully planned interactive process that the values and goals of each of the organizations becomes known to the other. If these goals and values prove sufficiently compatible, then a productive and continuing consulting relationship is possible.

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